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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 136

Place of Birth Miami County Dade No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			
DATE OF BIRTH* <u>August</u> <u>1</u> <u>1923</u> (Month) (Day) (Year)			
FULL NAME	FATHER <u>Librado Torres</u>		
FULL MAIDEN NAME	MOTHER <u>Anna Maria Castillon</u>		

I HEREBY CERTIFY that the child described herein has been named

Petra Torres
(Give name in full) (Surname)

x Anna Maria Castillon
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

732-801-135